

2009 Fall Soccer Registration Form
Mt. Vernon Parks & Recreation Department
U6, U8 ,U10 & U12
(Coed leagues, older leagues may be combined)

Please fill out this form and return to the Parks & Recreation Department Office, 118 Main Street [located upstairs at the Skating Rink] or mail to P. O. Box 324, Mt. Vernon, Indiana 47620. Office hours are Monday - Friday 8 a.m. to 5 p.m. [closed for lunch from 12 - 12:30 p.m.]. All registrations are due by Friday, Aug. 14th, 2009 at 5 p.m. Late Deadline Aug. 21st with a \$5.00 fee **NO registrations will be accepted after this date.** FEES: \$30 per participant.

Name _____

Address _____

Phone _____ Gender: M F

D.O.B. _____ Age _____ Grade _____

**Please indicate shirt size: YS YM YL S M L XL

Parent Permission:

I/We hereby grant permission for our son/daughter _____ to participate in the Fall Soccer League. I/We will assume all responsibility and obligations for our child in case of injury or accident sustained during participation in this program. I will release the Mt. Vernon Parks Board, Department, and all other paid and voluntary personnel from any and all obligation during the course of the program. We will all try to work together to build a fine program for all of the youth involved.

Parent(s) Name - Printed _____

Address _____

Parent Signature _____

Phone #'s h) _____ w) _____ emergency) _____

e-mail _____ (for P & R distribution lists only)

We encourage everyone to volunteer regardless of their knowledge of the sport. The success of the program depends upon the volunteers. The more volunteers - the more opportunities your child will have. Coach? _____ Asst.? _____

Coach Shirt Size: S M L XL

Rec. # _____ Date Rec'd _____ By _____

2009 Cheerleading Registration Form
Mt. Vernon Parks & Recreation Department
K-4th Graders

Please fill out this form and return to the Parks & Recreation Department Office, 118 Main Street (located upstairs at the Skating Rink) or mail to P. O. Box 324, Mt. Vernon, Indiana 47620. Office hours are Monday - Friday from 8 a.m. to 5 p.m. [closed for lunch from 12 - 12:30 p.m.] All registrations are due by Friday, August 14th, 2009 at 5 p.m. [\$5 late fee until Aug. 21st]. **NO registrations will be accepted after this date.** Fees: \$30 per participant

Name _____

Address _____

Phone _____ D.O.B. _____ Age _____ Grade _____

**Please indicate shirt size: YS YM YL S M L XL

Parent Permission:

I hereby grant permission for my child _____ to participate in the Youth Cheer leading program. I will assume all responsibility and obligations for my child in case of injury or accident sustained during participation in this program. I will release the Mt. Vernon Parks Board, Department, and all other paid and voluntary personnel from any and all obligation during the course of the program. We will all try to work together to build a fine program for all of the youth involved.

Parent(s) Name - Printed _____

Address _____

Parent Signature _____

Phone #'s h) _____ w) _____ emergency) _____

e-mail _____ (for P & R distribution lists only)

We encourage everyone to volunteer regardless of their knowledge of the sport. The success of the program depends upon the volunteers. The more volunteers - the more opportunities your child will have. Coach? _____ Asst.? _____

Coach Shirt Size: S M L XL

Rec. # _____ Date Rec'd _____ By _____